

EXHIBIT # H



NITRO NTFD. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		C.C.U. NTFD. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		C.C.U./NITRO LOG NO. 70-3		Felony Case Development Classification: <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D					
ARRESTING OFFICER INFORMATION											
1. Tax Reg. No. 847655		Name (Last, First, M.I.) Booth PAUL R			Rank PO		Command 106				
2. Shield No. 21635		Social Security No. (If Not NYPD)		On Duty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		In Uniform? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. Used Force? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Type: A <input type="checkbox"/> Handgun B <input type="checkbox"/> Physical Force C <input type="checkbox"/> Chemical Agent D <input type="checkbox"/> Nightstick, Blunt Instrument E <input type="checkbox"/> Firearm Z <input type="checkbox"/> Other									
4. Reason Force Used:		A <input type="checkbox"/> Overcome Assault B <input type="checkbox"/> Restrain C <input type="checkbox"/> Prevent Escape Z <input type="checkbox"/> Other									
5. Officer Assigned <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Arresting Officer's Dept. 00		Precinct of Arrest 113							
DEFENDANT INFORMATION											
6. Last Name PETTY				First Name KENNY		M.I.					
7. Race W <input type="checkbox"/> White B <input checked="" type="checkbox"/> Black Q <input type="checkbox"/> White-Hispanic P <input type="checkbox"/> Black-Hispanic A <input type="checkbox"/> Asian/Pacific Islander I <input type="checkbox"/> American Indian/Alaskan Native											
8. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Age 16		Date of Birth		No. Associates Also Arrested 0					
CHARGES INFORMATION											
Top Chg.		ATTEMPT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		LAW P/L		SECTION SUB. 130.30 D F		COUNTS 1		DESCRIPTION Rape 1°	
2nd Chg.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		P/L		135.10 E F		1		Unlawful Imprisonment	
9. 3rd Chg.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		P/L		265.02 D F		1		CPW	
4th Chg.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		P/L							
5th Chg.		<input type="checkbox"/> Yes <input type="checkbox"/> No									
10. Occurrence: Time 0845		Date 9/16/94		Specific Location Inside 123-40 Inwood ST							
11. Narrative: AT 7/40 victim states she was walking to school when Deft did put Blunt object delivered to be a gun to her BACK And told victim to keep walking victim was then led to Deft house pushed her to floor with knife forcibly pulled her pants down And did forcibly place his penis in her vagina held victim for APPROX 20 minutes After											
11a. Defendant's Firearm - At either time of offense or time of arrest (Check Appropriate Box) A <input type="checkbox"/> None/Unknown B <input type="checkbox"/> Possessed C <input type="checkbox"/> Displayed D <input type="checkbox"/> Discharged											
DEFENDANT INFORMATION											
12. Aka/Nickname KA200		Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		State/Country of Birth MINN		Social Security Number Q					
13. Resident Precinct 113		or 1 <input type="checkbox"/> Other in N.Y.C. 2 <input type="checkbox"/> N.Y. State 3 <input type="checkbox"/> Other State 4 <input type="checkbox"/> No Home									
14. Address [REDACTED]		Apt. No. [REDACTED]		Home Telephone No. [REDACTED]							
15. Skin Tone L <input checked="" type="checkbox"/> Light M <input type="checkbox"/> Med. D <input type="checkbox"/> Dark		Height 5'7		Weight 125		Eye Color B		Hair Color BL			
16. Social Status 5		Delt. Related to Victim As YY		Living Together 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		2					
17. Physical Condition 01		Type Drug Used 00									
18. Occupation 99		License/Permit Type (Exc. Driver's License)		License/Permit No.							
19. Telephone Calls 1. [REDACTED]		Name AMETIE		2. [REDACTED]		Name					
ARREST INFORMATION											
20. Time 1308		Date 9.16.94		Weapon Poss./Used (Type) F Knife/possing on							
21. Arrest Location [REDACTED]		DAT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Return Date		A/O Excused? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
22. Assoc. Arrests Numbers 1. [REDACTED]		2. [REDACTED]		3. [REDACTED]							
PROPERTY VOUCHER INFORMATION											
1. Number F337024		Command 106		Value		Type 22 <input type="checkbox"/> Drugs 54 <input type="checkbox"/> Veh. 56 <input type="checkbox"/> Curr. 59 <input type="checkbox"/> Firearm 57 <input type="checkbox"/> Jwlry. 36 <input type="checkbox"/> Boat 97 <input type="checkbox"/> Other		P			
23. 2. Number		Command		Value		Type 22 <input type="checkbox"/> Drugs 54 <input type="checkbox"/> Veh. 56 <input type="checkbox"/> Curr. 59 <input type="checkbox"/> Firearm 57 <input type="checkbox"/> Jwlry. 36 <input type="checkbox"/> Boat 97 <input type="checkbox"/> Other					
3. Number		Command		Value		Type 22 <input type="checkbox"/> Drugs 54 <input type="checkbox"/> Veh. 56 <input type="checkbox"/> Curr. 59 <input type="checkbox"/> Firearm 57 <input type="checkbox"/> Jwlry. 36 <input type="checkbox"/> Boat 97 <input type="checkbox"/> Other					
COMPLAINANT DATA											
24. Is Comp A Comp? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		or PSNY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		or Disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Total Victims 1					
25. Name JENNIFER HAUGHT		Address 130-16 Inwood ST		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> N/A		Race B		Age 16			
26. Address [REDACTED]		Home Telephone Number [REDACTED]									
27. Aided No. 2396		Command 113		Accident No.		Command					
28. Complaint No. 15282		Precinct 113		Sec.		Jurisdiction of Complaint 00					
NATURE OF CRIME/METHOD (FOR TOP CHARGE) - SEE REVERSE FOR OTHER SELECTION POSSIBILITIES											
Robbery 5 <input type="checkbox"/> Purse Snatch 3 <input type="checkbox"/> Payroll 1 <input type="checkbox"/> Neck Chain V <input type="checkbox"/> Hijack D <input type="checkbox"/> Bicycle Z <input type="checkbox"/> Other											
Larceny B <input type="checkbox"/> of Vehicle 6 <input type="checkbox"/> Shoplifting 9 <input type="checkbox"/> Veh. Accessories <input type="checkbox"/> Other Selection (Specify):											
29. Drugs L <input type="checkbox"/> Crack G <input type="checkbox"/> Opium Deriv. I <input type="checkbox"/> Synthetic 2 <input type="checkbox"/> Other Cocaine 7 Other Drug											
Other Crimes (Specify As Indicated On Reverse Side):											
30. Premises Type 13 <input type="checkbox"/> Comm. 12 <input type="checkbox"/> Resid. 33 <input type="checkbox"/> Bank 09 <input type="checkbox"/> Street 32 <input type="checkbox"/> Truck 05 <input type="checkbox"/> Church 04 <input type="checkbox"/> Cemetery <input type="checkbox"/> (Specify):		Other Selection 12									
ARRESTING OFFICER INFORMATION											
31. Chart AB		Squad CAU		Primary Assignment (Check Appropriate Box) 5 <input checked="" type="checkbox"/> Beat Officer 1 <input type="checkbox"/> Other Uniform 2 <input type="checkbox"/> Anti-Crime 3 <input type="checkbox"/> Investigatory 4 <input type="checkbox"/> Other							
JUVENILE INFORMATION											
32. Gang 1		School JAHS		Mother's Maiden Name KUNNETTE							
33. Number Priors		Relative Notified: ANNETTE PETTY		Time Notified on scene 10/24							
ADDITIONAL DEFENDANT INFORMATION FOR PHOTOGRAPHABLE ARRESTS											
34. If Vehicle Was Used: 1		Make		Color		Year					
PHYSICAL DESCRIPTION (Check Features that are Distinctive, Unique, Unusual or Prominent)											
35. <input type="checkbox"/> Beard <input type="checkbox"/> Mustache <input type="checkbox"/> Sideburns <input type="checkbox"/> Wig/Hair Dyed		<input type="checkbox"/> Part Bald <input type="checkbox"/> Glasses <input type="checkbox"/> Unusual Eyes <input type="checkbox"/> Pocked Face		<input type="checkbox"/> Pimpled Face <input type="checkbox"/> Freckled Face <input type="checkbox"/> Unusual Ears/Hearing Aid <input type="checkbox"/> Unusual Nose		<input type="checkbox"/> Unusual Teeth <input type="checkbox"/> Limp or Foot/Leg Missing/Deformed <input type="checkbox"/> Arm/Hand Missing <input type="checkbox"/> Left Handed					
36. Facial Complexion CL											
37. Hair ST <input type="checkbox"/> Straight CR <input checked="" type="checkbox"/> Crew PR <input type="checkbox"/> Processed CU <input type="checkbox"/> Curly KY <input type="checkbox"/> Kinky AF <input type="checkbox"/> Afro DL <input type="checkbox"/> Dread Locks NH <input type="checkbox"/> No Hair BR <input type="checkbox"/> Braids PP <input type="checkbox"/> Corn Row ZZ <input type="checkbox"/> Other											
38. Hair Length S <input type="checkbox"/> Short N <input type="checkbox"/> Normal L <input type="checkbox"/> Long											
39. First Body Mark 1 <input type="checkbox"/> Scars 2 <input type="checkbox"/> Birthmarks 4 <input type="checkbox"/> Word Tattoo 3 <input type="checkbox"/> Picture Tattoo 5 <input type="checkbox"/> Tattoo with Both 9 <input type="checkbox"/> Marks of Unk. Origin 8 <input type="checkbox"/> Other											
Second Body Mark 1 <input type="checkbox"/> Scars 2 <input type="checkbox"/> Birthmarks 4 <input type="checkbox"/> Word Tattoo 3 <input type="checkbox"/> Picture Tattoo 5 <input type="checkbox"/> Tattoo with Both 9 <input type="checkbox"/> Marks of Unk. Origin 8 <input type="checkbox"/> Other											
First Mark Location <input type="checkbox"/> Face 2 <input type="checkbox"/> Neck 3 <input type="checkbox"/> Torso 4 <input type="checkbox"/> Arm 5 <input type="checkbox"/> Hand 6 <input type="checkbox"/> Leg 9 <input type="checkbox"/> Unk.		Second Mark Location <input type="checkbox"/> Face 2 <input type="checkbox"/> Neck 3 <input type="checkbox"/> Torso 4 <input type="checkbox"/> Arm 5 <input type="checkbox"/> Hand 6 <input type="checkbox"/> Leg 9 <input type="checkbox"/> Unk.									
40. Impersonated <input type="checkbox"/> Police Officer <input type="checkbox"/> Female <input type="checkbox"/> Other		Other Identifying Data <input type="checkbox"/> Team Member <input type="checkbox"/> Gang Member									
41. Reviewing Supervisor's Name (Printed) Bucke		Signature [Signature]		Tax Reg. No. 852318							